

Commonwealth of Kentucky Personnel Cabinet

Prepared for:

Kentucky Group Health Insurance
Board Members

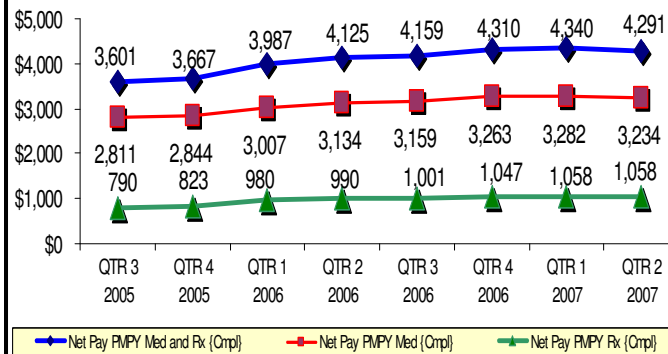
October 2007

DASHBOARD REPORT: BASED ON INCURRED CLAIMS
Includes Projections for Incurred, but not yet reported claims (IBNR or CMPL)

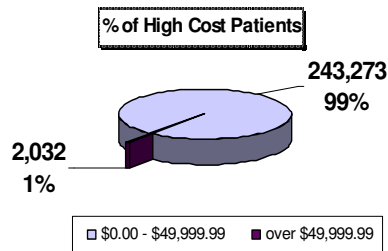
1. Enrollment

Fact	Jun 2006 - May 2007	Jun 2005 - May 2006	% Change
Employees Avg Med	148,270	145,176	2.13%
Members Avg Med	239,406	232,590	2.93%
Family Size Avg	2	2	0.78%
Member Age Avg	37	38	-2.72%

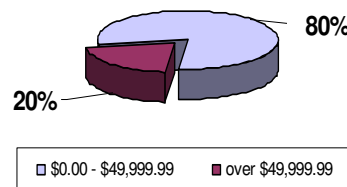
2. Net Incurred Claims Cost Per Member
(PMPY Costs as Calculated at the End of each Quarter)



4. High Cost Claimants: June 2006-May 2007



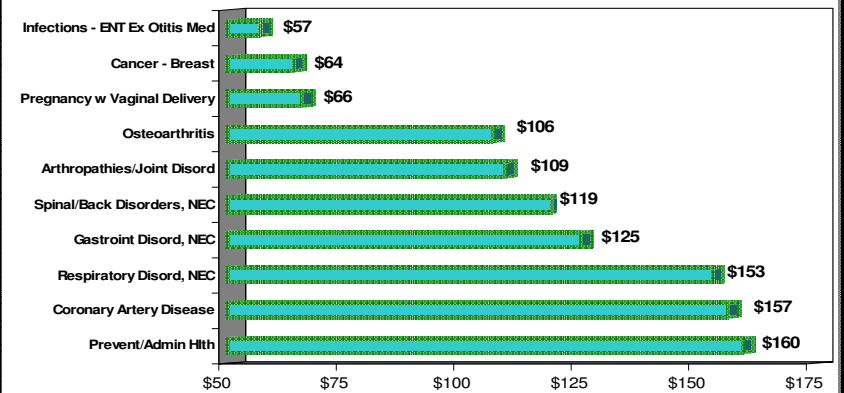
% of Total Net Payments for Med & Rx



5. Prescription Drug Programs

		Jun 2005 - May 2006	Jun 2006 - May 2007	% Change
Mail	Discount Off AWP % Rx	29.62%	32.87%	10.96%
	Scripts Generic Efficiency Rx	88.40%	91.43%	3.42%
Retail	Discount Off AWP % Rx	29.93%	34.30%	14.60%
	Scripts Generic Efficiency Rx	92.66%	94.68%	2.18%
Total	Discount Off AWP % Rx	29.89%	34.12%	14.13%
	Scripts Generic Efficiency Rx	92.49%	94.56%	2.24%
	Scripts Maint Rx % Mail Order	6.37%	5.98%	-6.06%

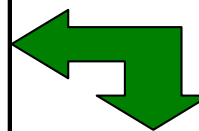
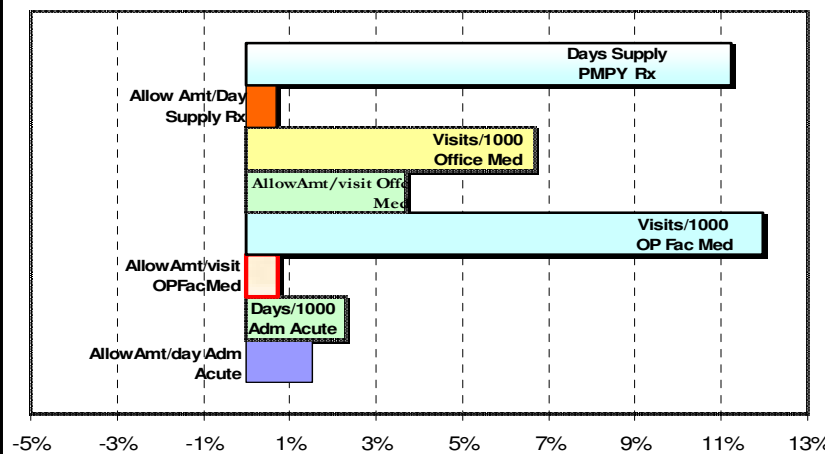
7. Top 10 Clinical Conditions
(Medical Only)- Net Pay PMPY Med June 2006 - May 2007



3. Allowed Claims Costs PMPY with Norms

	Jun 2005 - May 2006	Jun 2006 - May 2007	Trend	Recent US Norm	Comp to Norm
Allow Amt PMPY Med (Cmpl)	\$3,308	\$3,647	10%	\$3,419	6%
Allow Amt PMPY IP Acute (Cmpl)	\$965	\$1,019	6%	NA	NA
Allow Amt PMPY OP Med (Cmpl)	\$2,324	\$2,617	13%	\$2,308	12%
Allow Amt PMPY OP Fac Med (Cmpl)	\$1,011	\$1,140	13%	NA	NA
Allow Amt PMPY Office Med (Cmpl)	\$830	\$919	11%	\$0	NA
Allow Amt PMPY OP Lab (Cmpl)	\$167	\$231	38%	\$0	NA
Allow Amt PMPY OP Rad (Cmpl)	\$347	\$458	32%	\$0	NA
Out of Pocket PMPY Med (Cmpl)	\$313	\$325	4%	\$598	-84%
Allow Amt PMPY Rx (Cmpl)	\$1,118	\$1,252	12%	\$946	24%
Out of Pocket PMPY Rx (Cmpl)	\$241	\$214	-11%	\$0	NA
				Below Norm	
				Above Norm	

6. Cost Drivers - Utilization and Price Trends



6.h. Cost Driver Support Table

	May 2006	May 2007	Change
Allow Amt Per Day Adm Acute	\$2,855.43	\$2,899.10	1.53%
Days Per 1000 Adm Acute	331.06	338.71	2.31%
Allow Amt Per Visit OP Fac Med	\$666.32	\$671.02	0.71%
Visits Per 1000 OP Fac Med	1,518.01	1,699.58	11.96%
Allow Amt Per Visit Office Med	\$106.19	\$110.13	3.71%
Visits Per 1000 Office Med	7,818.98	8,340.15	6.67%
Allow Amt Per Day Supply Rx	\$2.21	\$2.22	0.69%
Days Supply PMPY Rx	506.93	563.82	11.22%

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Introduction

The Department for Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees Health Plan. In response to requests for data analysis this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to continue to provide current information about Kentucky's Health Insurance Program.

Overview

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2005 Medstat processed enrollment information for a total of **253,984** members as well as **7,196,140** claims (3,083,368 Medical claims and 4,048,855 prescriptions) from five different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

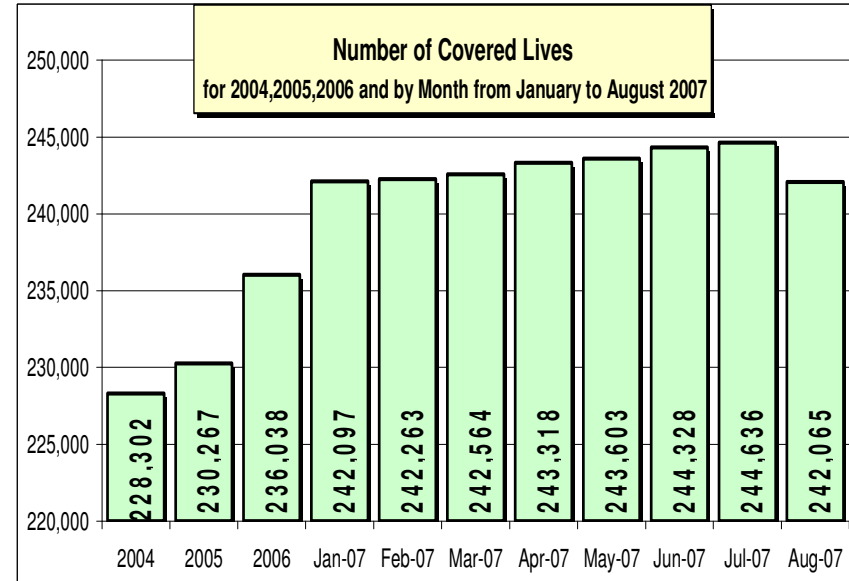
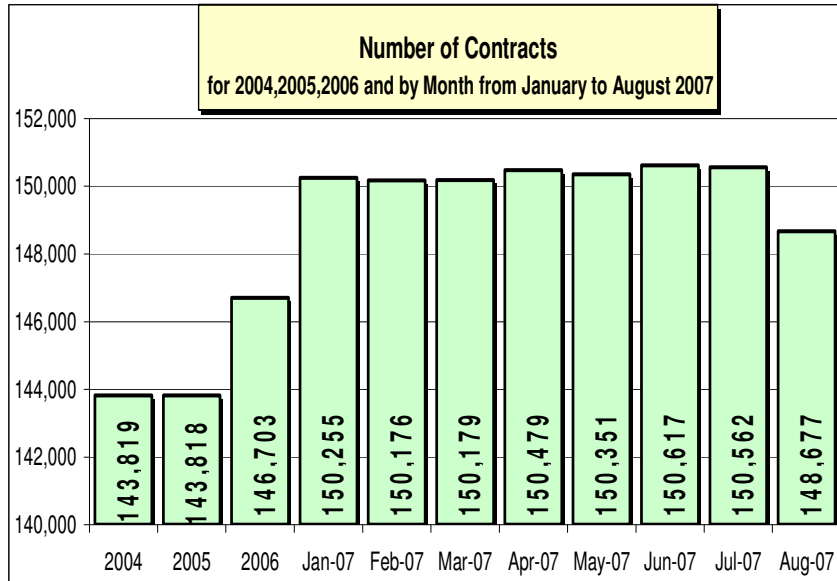
Definitions

DEI utilized the following definitions in preparing reports:

- “Employee” represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- “Member” includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- “Group” is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- “Plan” is Commonwealth Essential, Commonwealth Enhanced, Commonwealth Premier, Commonwealth Select, HMO Option A, HMO Option B, POS Option A, POS Option B, PPO Option A, PPO Option B, or EPO Option C.
- “Carrier” may be Aetna, Anthem, Bluegrass Family Health, CHA Health, United Healthcare, or Humana (please note that Express Scripts data is designated as Humana).
- “Generic Efficiency” means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- “OOP” is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- “Allowed Amount” is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- “Net Payment” is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- “Patients” is the unique count of members who received facility, professional, or pharmacy services.
- “Days Supply” is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- “Mail Order” is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- “Retail” is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

Enrollment

The following charts show planholder enrollment (contracts) and member enrollment (covered lives) for 2004, 2005, 2006 and monthly year-to-date for 2007. (Note: enrollment will fluctuate on a monthly basis. (approximately 7,000 cross-referenced spouses in any given month that are not included)



The following table shows the number of cross-reference spouses for 2004, 2005, 2006 and monthly year-to-date for 2007:

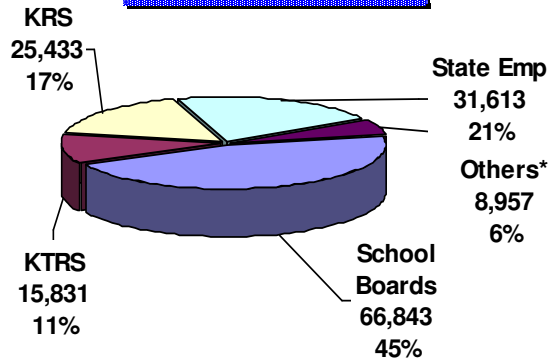
Time Period	# of Cross-Reference Spouses
Avg - 2004	Members Avg
Avg - 2005	228,302
Avg - 2006	230,267
Jun-05	236,038
Jan-07	242,097
Feb-07	242,263
Mar-07	242,564
Apr-07	243,318
May-07	243,603
Jun-07	244,328
Jul-07	244,636
Aug-07	242,065

The number of Cross Referenced Spouses will fluctuate on a monthly basis.

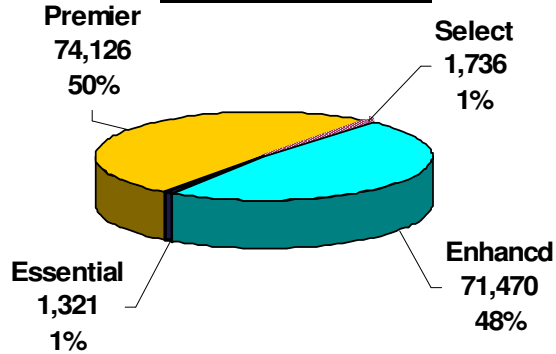
Enrollment (continued)

The following charts show Planholder and Member enrollment by group, plan, and coverage level.

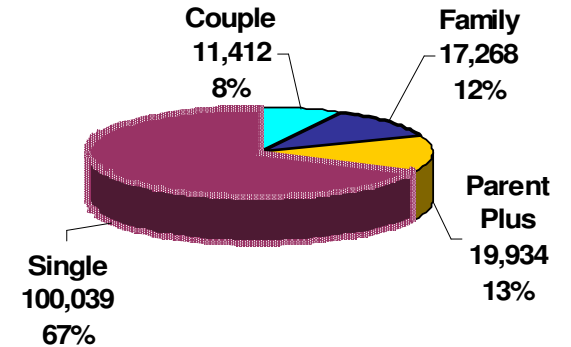
**Planholders by Group
August 2007**



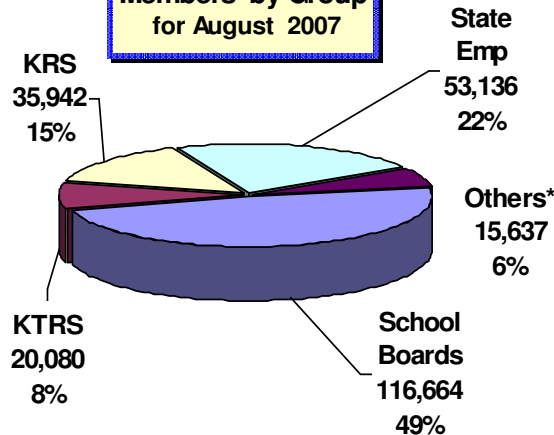
**Planholders by Plan
August 2007**



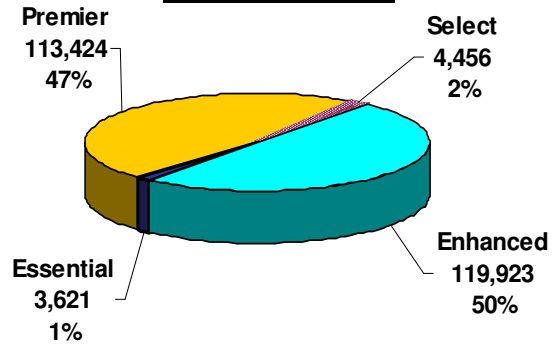
**Planholders by Coverage Level
for August 2007**



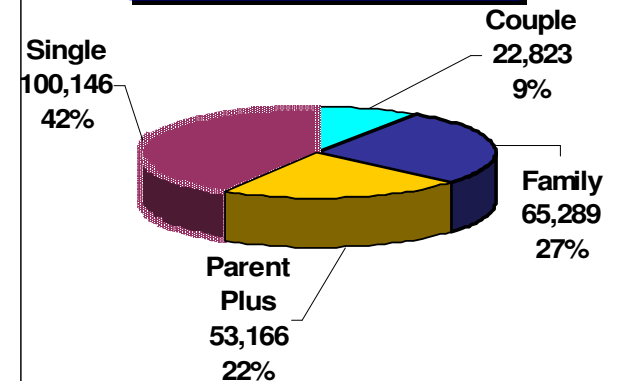
**Members by Group
for August 2007**



**Members by Plan
for August 2007**



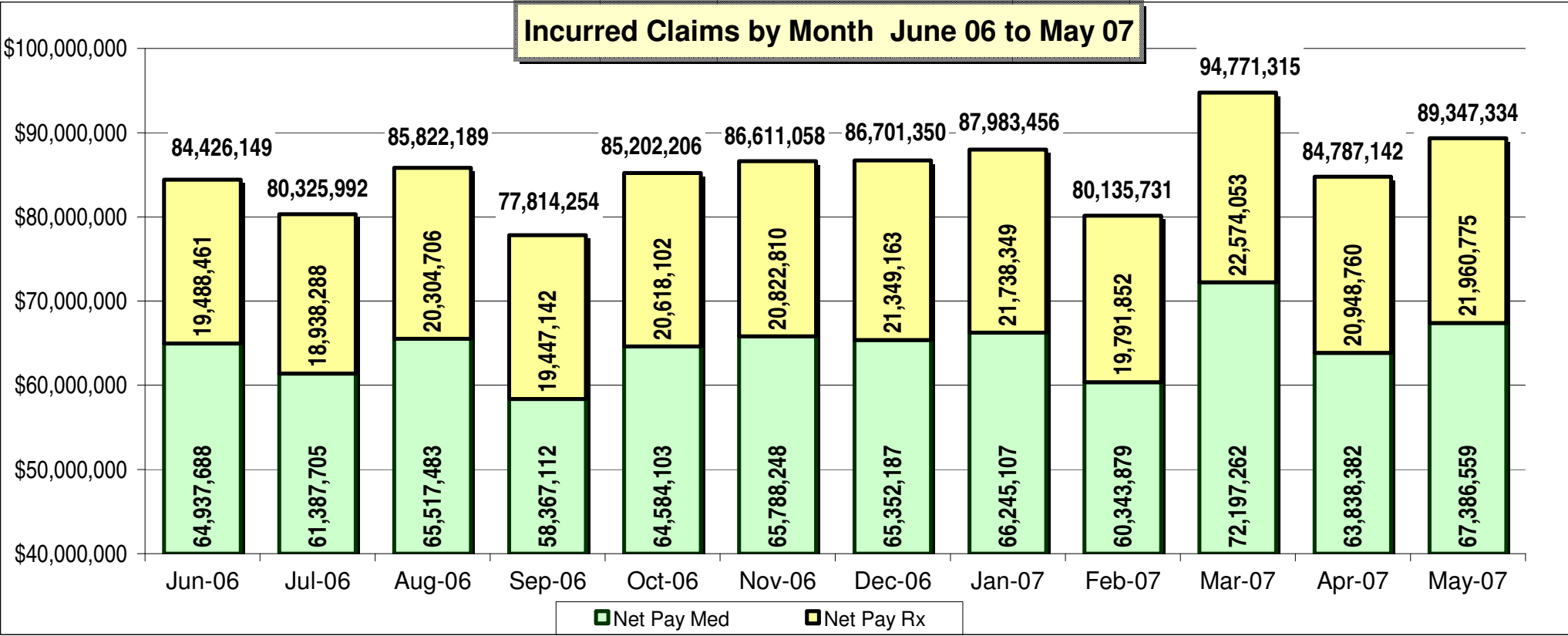
**Members by Coverage Level
for August 2007**



Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs

Claims costs include Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



Claims Costs (continued)

The following tables represent **incurred** claims by **Group** for 2004, 2005, 2006 and monthly year-to-date for 2007.

INCURRED MEDICAL CLAIMS (no Rx) by Group:

	School Boards	KTRS	KRS	State Employees	Others	Totals
2004	\$246,135,396	\$70,821,610	\$105,462,079	\$123,071,292	\$44,914,612	\$590,404,988
2005	\$258,740,079	\$80,441,671	\$122,058,942	\$127,040,659	\$43,862,327	\$632,143,678
2006	\$304,818,300	\$92,943,999	\$145,463,691	\$150,147,518	\$48,120,452	\$741,493,961
Jan-07	\$27,435,338	\$8,470,035	\$13,488,733	\$12,836,928	\$4,014,072	\$66,245,107
Feb-07	\$26,121,413	\$7,083,148	\$12,344,324	\$10,954,906	\$3,840,087	\$60,343,879
Mar-07	\$29,639,392	\$9,518,514	\$15,160,720	\$13,501,473	\$4,377,163	\$72,197,262
Apr-07	\$26,819,687	\$7,537,163	\$12,892,785	\$12,511,073	\$4,077,675	\$63,838,382
May-07	\$27,605,510	\$8,101,297	\$13,305,998	\$13,390,598	\$4,983,155	\$67,386,559

INCURRED Rx CLAIMS (no Med) by Group:

	School Boards	KTRS	KRS	State Employees	Others	Totals
2005	\$69,891,805	\$27,094,171	\$39,706,608	\$34,310,246	\$11,822,500	\$182,825,330
2006	\$92,667,200	\$35,018,702	\$53,074,778	\$42,873,183	\$13,500,921	\$237,134,783
Jan-07	\$8,514,405	\$3,115,504	\$4,958,164	\$3,839,050	\$1,311,225	\$21,738,349
Feb-07	\$7,892,834	\$2,714,899	\$4,476,660	\$3,488,851	\$1,218,607	\$19,791,852
Mar-07	\$8,986,344	\$3,156,065	\$5,148,435	\$4,002,031	\$1,281,178	\$22,574,053
Apr-07	\$8,164,149	\$2,979,436	\$4,868,784	\$3,753,772	\$1,182,618	\$20,948,760
May-07	\$8,585,084	\$3,133,394	\$4,986,635	\$3,930,880	\$1,324,782	\$21,960,775

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs (continued)

The following tables represent **incurred claims by Plan** for 2004, 2005, 2006 and monthly year-to-date for 2007

INCURRED MEDICAL CLAIMS (No Rx) by PLAN:

Time Period	Commonwealth				Old HMO Products	Old POS Products	Old PPO Products	Old EPO Products	Missing*	Total
	Enhanced	Essential	Premiere	Select						
2004	\$247,933	\$96,285	\$389,307	\$0	\$212,909,645	\$40,885,382	\$325,224,613	\$5,524,470	\$5,127,353	\$590,404,988
2005	\$224,051,710	\$5,706,438	\$398,847,631	\$807	\$12,164	\$900	\$179,854	\$70	\$3,344,105	\$632,143,678
2006	\$285,369,869	\$5,306,930	\$446,440,524	\$2,399	\$0	\$0	\$0	\$0	\$4,374,238	\$741,493,961
January-07	\$25,394,233	\$427,631	\$39,812,164	\$224,550	\$0	\$0	\$0	\$0	\$386,529	\$66,245,107
February-07	\$22,727,544	\$317,041	\$36,514,280	\$353,512	\$0	\$0	\$0	\$0	\$431,501	\$60,343,879
March-07	\$27,889,284	\$274,011	\$43,259,214	\$395,715	\$0	\$0	\$0	\$0	\$379,039	\$72,197,262
April-07	\$24,876,209	\$533,936	\$37,722,795	\$399,592	\$0	\$0	\$0	\$0	\$305,849	\$63,838,382
May-07	\$26,153,732	\$365,127	\$39,663,779	\$784,378	\$0	\$0	\$0	\$0	\$419,542	\$67,386,559

INCURRED Rx CLAIMS (No Medical) by PLAN:

Time Period	Commonwealth				Old HMO Products	Old POS Products	Old PPO Products	Old EPO Products	Missing*	Total
	Enhanced	Essential	Premiere	Select						
2004	\$48,323	\$2,484	\$65,868	\$0	\$58,944,685	\$13,448,392	\$94,468,063	\$678,460	\$840,678	\$168,496,952
2005	\$64,800,801	\$1,344,708	\$115,891,021	\$0	\$12,237	\$3,874	\$21,588	\$496	\$750,605	\$182,825,330
2006	\$86,144,969	\$1,164,634	\$148,787,140	\$0	\$0	\$0	\$0	\$0	\$1,038,041	\$237,134,783
January-07	\$8,081,793	\$83,881	\$13,469,287	\$11,377	\$0	\$0	\$0	\$0	\$92,012	\$21,738,349
February-07	\$7,438,851	\$74,503	\$12,157,678	\$34,786	\$0	\$0	\$0	\$0	\$86,033	\$19,791,852
March-07	\$8,409,189	\$87,976	\$13,974,639	\$54,616	\$0	\$0	\$0	\$0	\$47,632	\$22,574,053
April-07	\$7,907,130	\$76,055	\$12,837,788	\$88,434	\$0	\$0	\$0	\$0	\$39,353	\$20,948,760
May-07	\$8,190,802	\$77,555	\$13,539,830	\$103,701	\$0	\$0	\$0	\$0	\$48,887	\$21,960,775

*HMO = HMO Option A plus HMO Option B POS = POS Option A plus POS Option B

PPO= PPO Option A plus PPO Option B

*Missing means the claims could not be tagged to a specific plan.

Claims Costs (continued)

The following represents **incurred medical claims only** (does not include Rx) by Coverage Level for 2004, 2005, 2006 and monthly year-to-date for 2007.

Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$79,153,612	\$103,816,354	\$86,064,075	\$316,243,594	\$5,127,353	\$590,404,988
2005	\$87,258,666	\$118,827,302	\$89,294,800	\$333,418,414	\$3,344,496	\$632,143,678
2006	\$104,974,698	\$140,956,577	\$103,164,464	\$388,023,983	\$4,374,238	\$741,493,961
Jan-07	\$8,820,498	\$12,733,551	\$9,706,011	\$34,598,518	\$386,529	\$66,245,107
Feb-07	\$9,019,768	\$11,383,720	\$8,696,974	\$30,811,917	\$431,501	\$60,343,879
Mar-07	\$10,765,482	\$12,735,531	\$10,441,171	\$37,876,040	\$379,039	\$72,197,262
Apr-07	\$9,261,338	\$11,477,847	\$8,803,886	\$33,989,461	\$305,849	\$63,838,382
May-07	\$9,434,685	\$12,757,583	\$8,613,348	\$36,161,401	\$419,542	\$67,386,559

The following represents **incurred Rx claims only** (does not include Medical) by Coverage Level for 2004, 2005, 2006 and monthly year-to-date for 2007.

Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$25,936,162	\$29,646,678	\$19,041,619	\$93,031,815	\$840,678	\$168,496,952
2005	\$28,909,054	\$34,190,171	\$19,157,715	\$99,817,506	\$750,884	\$182,825,330
2006	\$38,227,059	\$43,800,280	\$25,937,091	\$128,132,485	\$1,037,868	\$237,134,783
Jan-07	\$3,475,953	\$3,984,162	\$2,485,334	\$11,700,897	\$92,002	\$21,738,349
Feb-07	\$3,185,768	\$3,617,595	\$2,341,744	\$10,560,717	\$86,028	\$19,791,852
Mar-07	\$3,605,893	\$4,228,450	\$2,595,356	\$12,096,729	\$47,625	\$22,574,053
Apr-07	\$3,361,364	\$3,826,585	\$2,406,920	\$11,314,543	\$39,349	\$20,948,760
May-07	\$3,557,175	\$4,073,163	\$2,381,469	\$11,900,081	\$48,887	\$21,960,775

* Unable to tag claims to a specific coverage level

Medical Claims Utilization

The following is based on medical claims (does not include Rx) incurred from January 2007 through May 2007. (Note: Services are tracked by each service, not by each visit. Therefore if two laboratory services are performed at one visit, it will count as two services.)

Jan - May, 2007	Admits Per 1000 Acute	Admits Per 1000 Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days LOS Admit Acute	Days LOS Admit Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days Per 1000 Adm Acute	Days Per 1000 Adm Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}
Commonwealth Enhanced	71.09	68.89	3.18%	3.72	3.43	8.32%	264.35	285.31	c
Commonwealth Essential	54.74	58.7	-6.75%	3.64	3.57	1.78%	198.99	244.81	-18.72%
Commonwealth Premiere	105.16	77.28	36.07%	3.95	3.62	9.22%	415.53	338.85	22.63%
Commonwealth Select	51.49	55.36	-6.98%	3.04	3.29	-7.48%	156.73	221.79	-29.33%
Total	70.62	65.06	8.55%	3.59	3.48	3.16%	258.90	272.69	-5.06%

Jan - May, 2007	Visits Per 1000 Office Med	Visits Per 1000 Office Med {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Visits Per 1000 ER	Visits Per 1000 ER {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab {Rcnt US}	%Diff from {Rcnt US}	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad {Rcnt US}	%Diff from {Rcnt US}
Commonwealth Enhanced	7,504.61	7,209.38	4.10%	201.39	186.37	8.06%	7,039.31	6,016.13	17.01%	2,446.95	2,040.73	19.91%
Commonwealth Essential	3,744.12	6,507.39	-42.46%	200.28	183.54	9.12%	4,067.40	5,196.18	-21.72%	1,414.19	1,700.84	-16.85%
Commonwealth Premiere	9,785.18	8,003.03	22.27%	237.32	184.98	28.30%	9,878.53	6,890.63	43.36%	3,566.24	2,457.03	45.14%
Commonwealth Select	5,057.90	6,327.81	-20.07%	129.57	183.7	-29.47%	4,636.93	4,899.15	-5.35%	1,547.53	1,585.18	-2.37%
Total	6,522.95	7,011.90	-6.97%	192.14	184.65	4.06%	6,405.54	5,750.52	11.39%	2,243.73	1,945.95	15.30%

issing means the claims could not be tagged to a specific plan

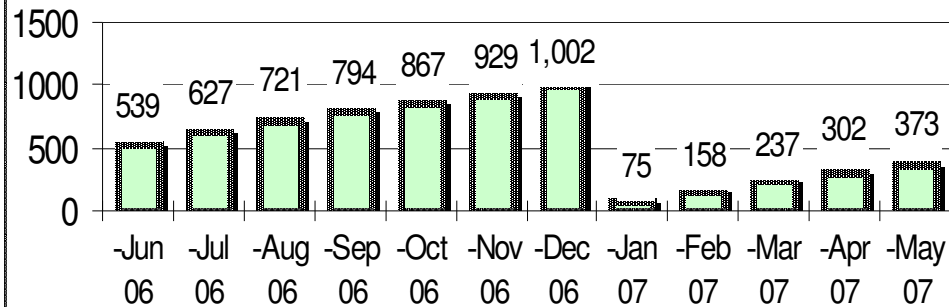
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Analysis of Individuals and Families meeting their Deductibles

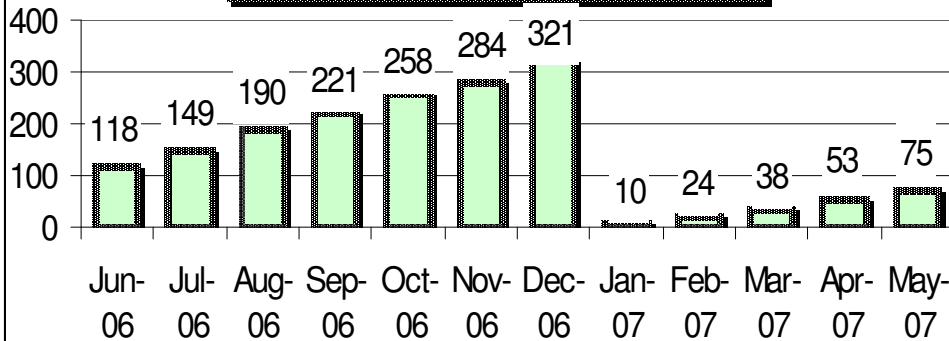
The following details the number of individuals and families by plan, meeting their deductible amounts for the most recent rolling year. The report is based on incurred claims.

Commonwealth Essential

Individuals Meeting \$750 Deductible
June 06 - May 07



Families Meeting \$1,500 Deductible
June 06 - May 07

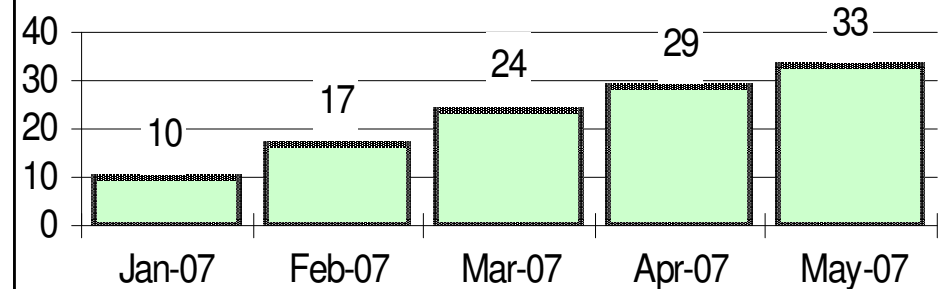


Commonwealth Essential:

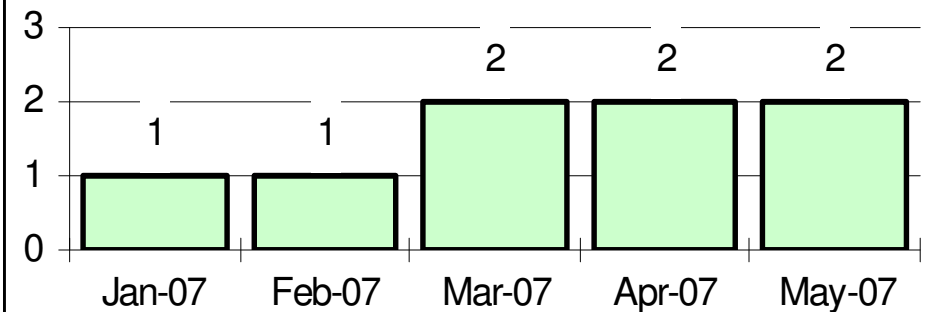
2005: A total of **18.63%** of Individuals and **11.45%** of Families met deductibles
 2006: A total of **22.14%** of Individuals and **16.45%** of Families met deductibles.
 In 2007, a total of **10.01%** of Individuals and **5.28%** of Families met Deductibles

Commonwealth Select

Individuals Meeting \$2,000 Deductible
January 07 - May 07



Families Meeting \$3,000 Deductible
January 07 - May 07



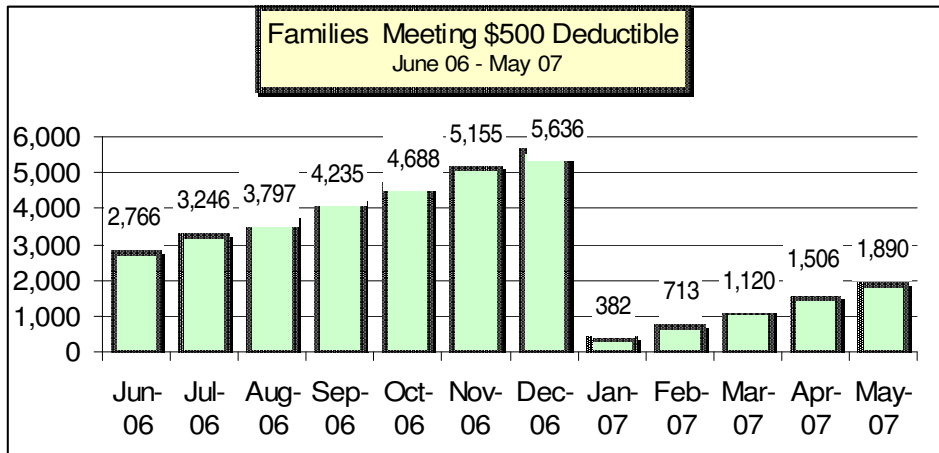
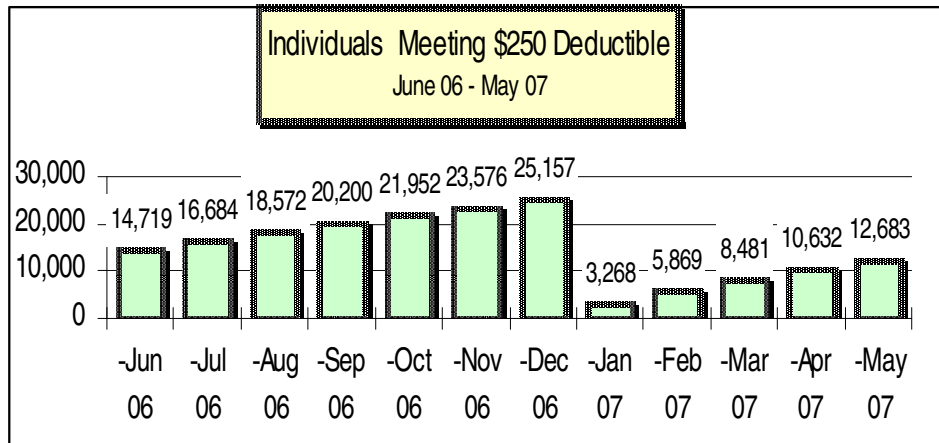
Commonwealth Select:

A total of **0.78%** of Individuals and **0.11%** of families met their Deductibles

Note: The Select Plan deductible consists of medical costs only. Rx costs are part of the Max Out of Pocket (MOP)

Analysis of Individuals and Families meeting their Deductibles (continued)

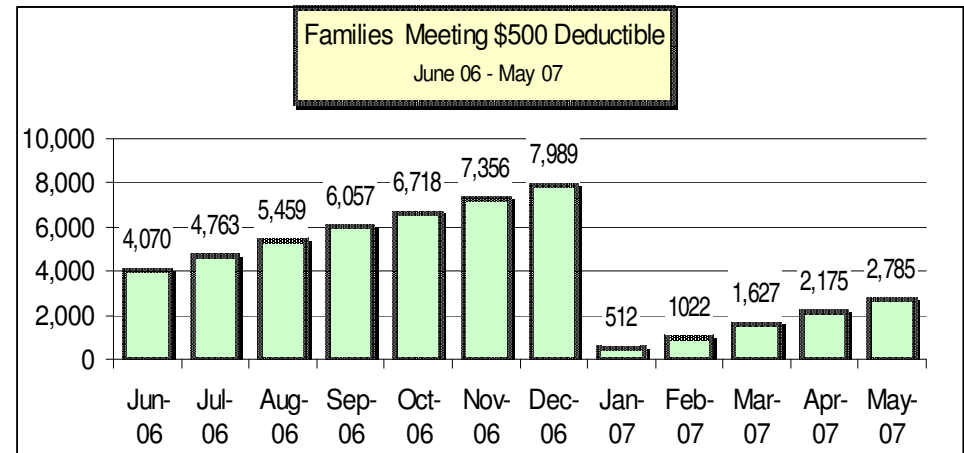
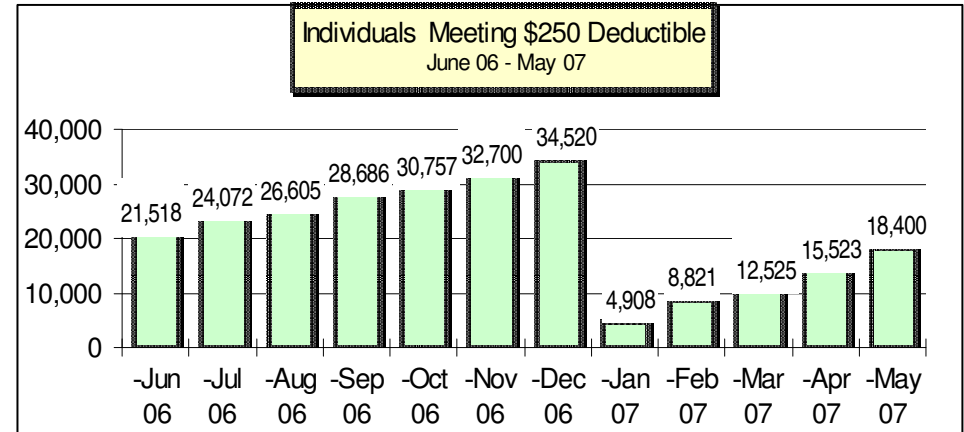
Commonwealth Enhanced



Commonwealth Enhanced

2005: A total of **19.36%** of Individuals and **4.59%** of Families met their deductibles.
 2006: A total of **21.49%** of Individuals and **7.22%** of Families met their deductibles
 In 2007, a total of **10.56%** of Individuals and **2.56%** of Families met their Deductibles

Commonwealth Premier



Commonwealth Premier

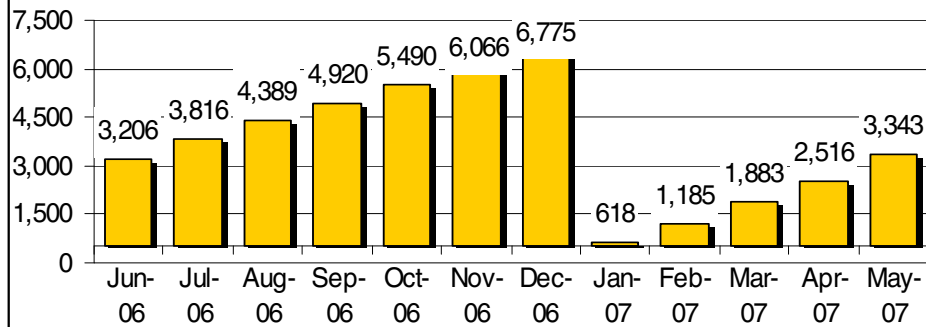
2005: A total of **27.80%** of Individuals and **6.65%** of Families met their deductibles.
 2006: A total of **30.16%** of Individuals and **9.95%** of Families met their deductibles.
 In 2007, a total of **16.05%** of Individuals and **3.61%** of Families met their Deductibles.

Analysis of Individuals and Families meeting their Maximum Out of Pocket Expenses

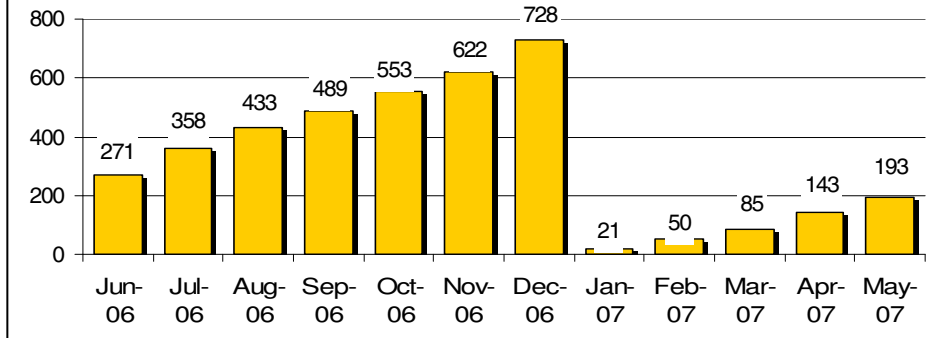
The following details the number of individuals and families by plan, meeting their maximum out of pocket (MOP) amounts for the most recent rolling year. The report is based on incurred claims.

Commonwealth Enhanced

**Enhanced Plan Individuals Meeting \$1,250
Maximum Out of Pocket June 06 to May 07**



**Enhanced Plan Families Meeting \$2,500
Maximum Out of Pocket June 06 to May 07**



Commonwealth Enhanced

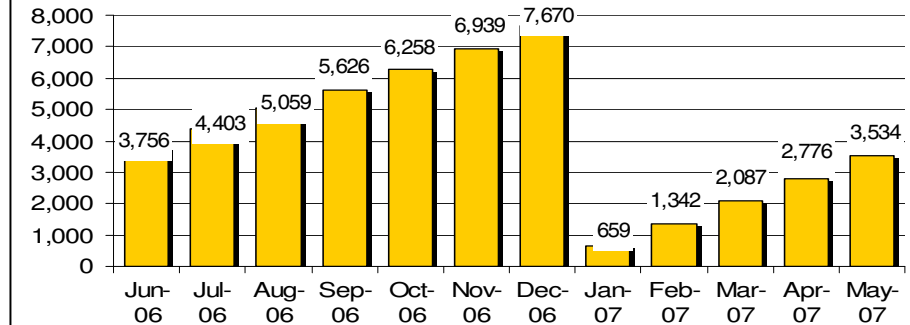
2005 Enhanced: A total of **3.34%** of Individuals and **0.46%** of Families met their MOPs.

2006 Enhanced: A total of **5.79%** of Individuals and **0.93%** of Families met their MOPs.

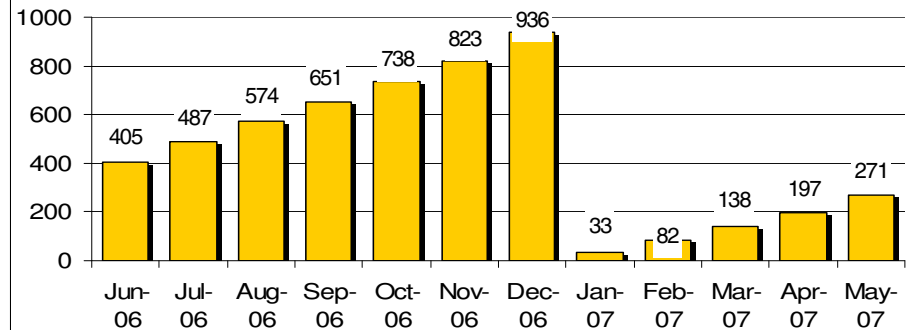
During 2007, a total of **1.57%** of Individuals and **0.19%** of Families met their Enhanced MOPs

Commonwealth Premier

**Premier Plan Individuals Meeting \$1,000 Maximum
Out of Pocket June 06 - May 07**



**Premier Plan Families Meeting \$2,000
Maximum Out of Pocket June 06 - May 07**



Commonwealth Premier

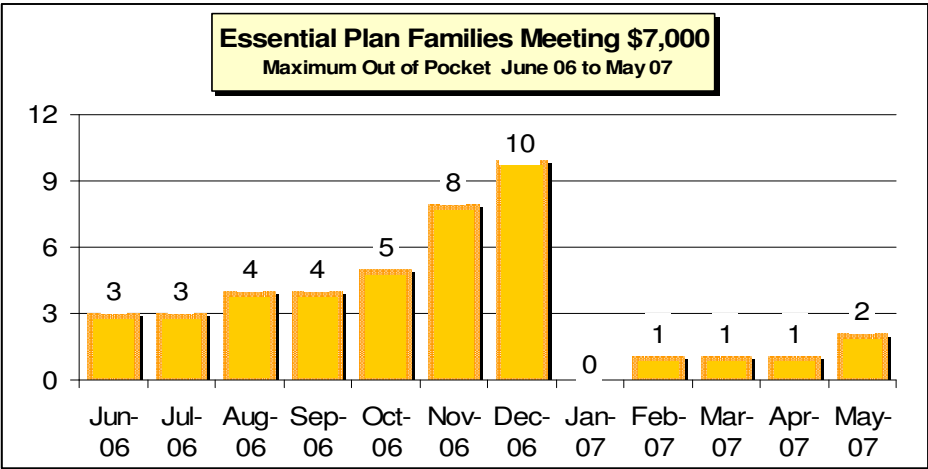
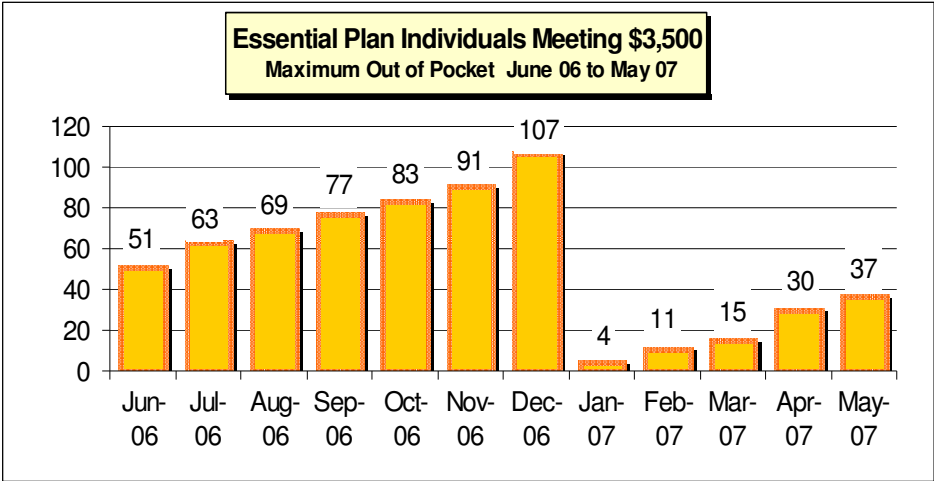
2005 Premier: A total of **3.38%** of Individuals and **0.53%** of Families met their MOPs

2006 Premier: A total of **6.70%** of Individuals and **1.17%** of Families met their MOPs.

During 2007, a total of **3.08%** of Individuals and **0.35%** of Families met their Premier MOPs

Analysis of Individuals and Families meeting their Maximum Out of Pocket Expenses (continued)

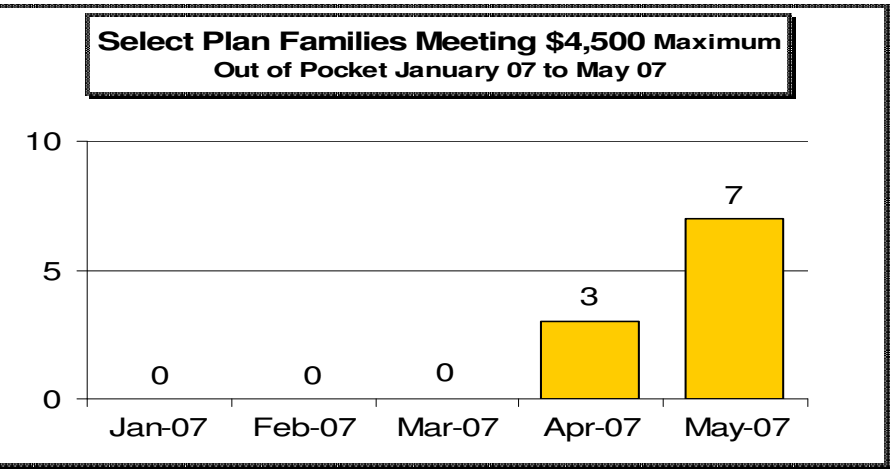
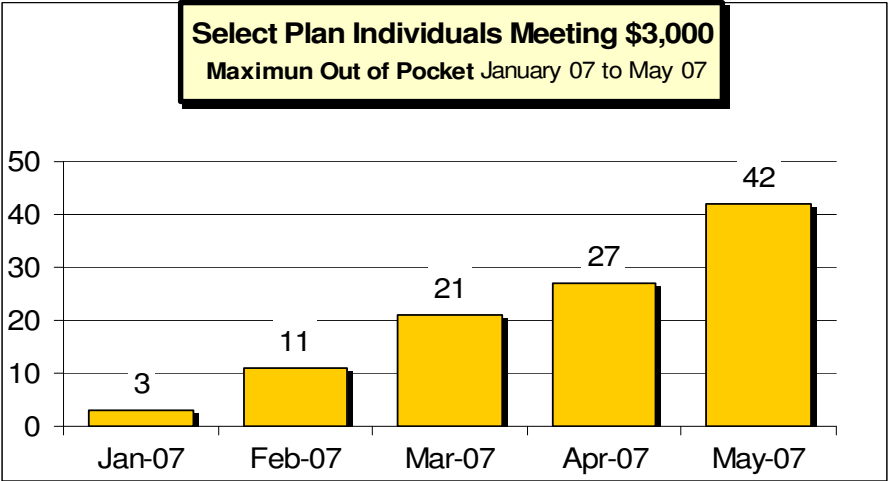
Commonwealth Essential



Commonwealth Essential

2005 Essential: A total of **1.14%** of Individuals and **0.22%** of Families met their MOPs
2006 Essential: A total of **2.36%** of Individuals and **0.51%** of Families met their MOPs
During 2007, a total of 0.99% of Individuals and 0.14% of Families met their Essential MOPs.

Commonwealth Select



Commonwealth Select

A total of **0.99%** of individuals and **0.40%** of families with Select Plans met their MOPs.
Note: For the Select Plan only, prescription drug coinsurance is included in MOP totals.

Premium (or Premium Equivalent)

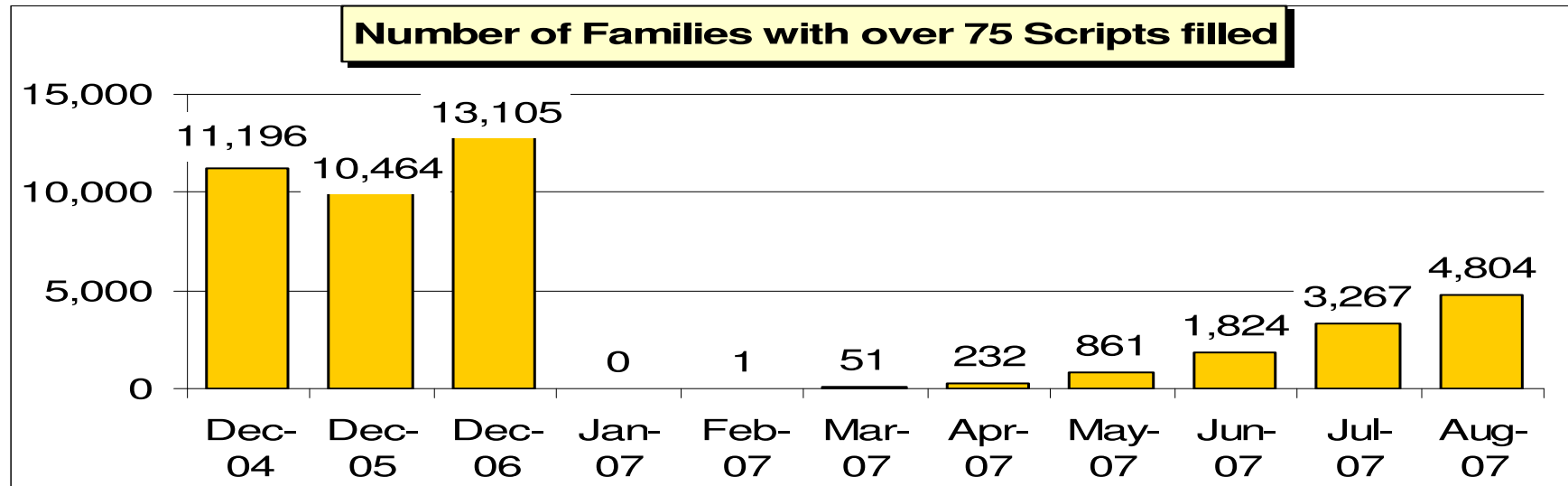
The following details the amount of premium (or premium equivalent) paid by the employee and employer for 2005, 2006, and monthly year-to-date for 2007.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2004	\$213,004,714	\$492,025,888	\$705,030,602
2005	\$148,029,637	\$779,647,097	\$927,676,733
2006	\$153,787,780	\$948,458,338	\$1,102,246,118
Jan-07	\$14,016,671	\$80,542,856	\$94,559,527
Feb-07	\$14,044,597	\$80,471,968	\$94,516,565
Mar-07	\$13,794,423	\$80,762,937	\$94,557,360
Apr-07	\$13,833,486	\$80,943,164	\$94,776,651
May-07	\$13,847,690	\$80,934,413	\$94,782,103
Jun-07	\$13,894,924	\$81,108,166	\$95,003,089
Jul-07	\$13,957,961	\$81,070,108	\$95,028,069
Aug-07	\$13,832,581	\$80,145,197	\$93,977,778

NOTE: Premium (or premium equivalent) is based on enrollment using published premium rates – it is NOT based on actual payments received.

Prescription Drug Utilization

The following details the number of families that have purchased 75 scripts or more during 2004, 2005, 2006 and monthly year-to-date for 2007. After a family has filled 75 prescriptions, via retail purchase, the co-payment is reduced to \$10 for 2nd tier and \$20 for 3rd tier.



Note: This benefit exists only for Commonwealth Enhanced and Commonwealth Premier plans and does not include Mail Order drugs.

Summary of plan impact for families who have met the 75(+) scripts benefit January through August 2007:

Script Count, per Family	Number of Families	Number of Scripts	Avg. # of Scripts per Patient	Avg. Net Payment per Script	Net Payments For All Scripts
0-74	140,792	2,641,833	13.85	\$49.18	\$129,912,893.74
75 (+)	4,804	472,559	47.2	\$59.79	\$28,255,623.39
Total	145,596	3,114,392	15.51	\$50.79	\$158,168,517.13

Note: This benefit exists only for Commonwealth Enhanced and Commonwealth Premier plans and does not include Mail Order drugs.

Prescription Drug Utilization (continued)

The following table details the type of prescription filled, the % that were generic, and the generic efficiency rate for the most recent rolling year. The generic percentage rate and generic efficiency rate increased in 2006. Based on Paid claims.

Time Period	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx
Sep 2006	198,300	11,513	130,712	15,517	356,042	55.70%	94.51%
Oct 2006	257,988	15,138	165,991	15,154	454,271	56.79%	94.46%
Nov 2006	214,979	12,090	131,983	10,327	369,379	58.20%	94.68%
Dec 2006	220,525	12,099	133,573	12,878	379,075	58.17%	94.80%
Jan 2007	279,869	15,327	174,314	15,974	485,484	57.65%	94.81%
Feb 2007	222,598	12,100	140,169	15,528	390,395	57.02%	94.84%
Mar 2007	232,208	12,415	144,971	8,865	398,459	58.28%	94.92%
Apr 2007	218,416	11,697	138,238	10,075	378,426	57.72%	94.92%
May 2007	265,769	14,176	164,345	12,030	456,320	58.24%	94.94%
Jun 2007	223,947	17,035	130,855	9,505	381,342	58.73%	92.93%
Jul 2007	270,464	20,945	154,594	9,748	455,751	59.34%	92.81%
Aug 2007	218,332	17,587	119,484	12,212	367,615	59.39%	92.55%

*Includes: Over the Counter (usually includes items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (unable to tag to a specific group).

Prescription Drug Utilization (continued)

The following details the number of members and patients **utilizing prescription** benefits and the associated costs for the most recent rolling year. Based on Incurred claims.

	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt Per Script	Net Pay Per Script	Member Cost Per Script	Patient Cost Per Script
Jun-06	234,830	145,677	371,033	1.58	3.02	\$63.94	\$52.52	\$18.04	\$29.07
Jul-06	235,112	145,326	365,224	1.55	3.00	\$63.01	\$51.85	\$17.33	\$28.03
Aug-06	233,040	148,335	386,929	1.66	3.07	\$63.36	\$52.48	\$18.07	\$28.39
Sep-06	233,806	145,408	379,191	1.62	3.02	\$61.89	\$51.29	\$17.21	\$27.67
Oct-06	238,697	151,777	400,163	1.67	3.09	\$62.04	\$51.52	\$17.64	\$27.73
Nov-06	239,513	154,662	404,002	1.68	3.07	\$61.83	\$51.54	\$17.36	\$26.88
Dec-06	239,277	153,536	415,985	1.73	3.11	\$61.40	\$51.32	\$17.52	\$27.30
Jan-07	241,464	158,321	432,718	1.79	3.15	\$61.23	\$50.24	\$19.10	\$29.13
Feb-07	241,625	152,885	389,812	1.61	2.95	\$61.68	\$50.77	\$17.12	\$27.06
Mar-07	241,951	160,023	437,981	1.81	3.15	\$62.53	\$51.54	\$19.42	\$29.37
Apr-07	242,700	152,900	400,796	1.65	3.04	\$63.20	\$52.27	\$17.71	\$28.12
May-07	242,972	154,468	416,998	1.71	3.12	\$63.49	\$52.66	\$18.25	\$28.71

* “Allow Amt” is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.

Prescription Drug Utilization (continued)

The following top 25 drug analysis is based on Rx claims incurred January through May 2007.

	Product Names	Brand/Generic	Therapeutic Classes	Net Pay Rx	Net Pay Rx as Pct of All Drugs	Scripts Rx	Net Pay Per Day Supply Rx	Patients Rx
1	NEXIUM	Single Source Brand	Gastrointestinal Drugs	\$3,144,205	32.18%	19,616	\$4.56	5,881
2	SINGULAIR	Single Source Brand	Unclassified Agents	\$2,506,856	29.11%	26,991	\$2.69	9,558
3	ENBREL	Single Source Brand	Unclassified Agents	\$2,219,046	25.77%	1,133	\$56.53	334
4	PREVACID	Single Source Brand	Gastrointestinal Drugs	\$2,042,273	20.90%	12,280	\$4.77	3,732
5	CRESTOR	Single Source Brand	Cardiovascular Agents	\$1,909,764	11.11%	22,581	\$2.42	7,018
6	EFFEXOR-XR	Single Source Brand	Central Nervous System	\$1,897,244	8.80%	14,125	\$3.99	4,022
7	VYTORIN	Single Source Brand	Cardiovascular Agents	\$1,762,830	10.25%	20,453	\$2.41	6,380
8	TOPAMAX	Single Source Brand	Central Nervous System	\$1,652,461	7.66%	7,108	\$7.11	2,319
9	ACTOS	Single Source Brand	Hormones & Synthetic Subst	\$1,328,522	8.80%	7,876	\$4.85	2,381
10	AVANDIA	Single Source Brand	Hormones & Synthetic Subst	\$1,280,593	8.48%	8,311	\$4.36	2,466
11	LEXAPRO	Single Source Brand	Central Nervous System	\$1,261,690	5.85%	17,538	\$2.17	5,481
12	PLAVIX	Single Source Brand	Blood Form/Coagul Agents	\$1,212,771	41.90%	9,804	\$3.61	3,262
13	CYMBALTA	Single Source Brand	Central Nervous System	\$1,186,100	5.50%	9,496	\$3.82	2,926
14	HUMIRA	Single Source Brand	Immunosuppressants	\$1,138,319	51.25%	610	\$54.14	187
15	PROTONIX	Single Source Brand	Gastrointestinal Drugs	\$1,122,485	11.49%	10,188	\$3.20	3,094
16	ZYRTEC	Single Source Brand	Antihistamines & Comb.	\$1,042,286	35.90%	27,901	\$1.13	12,790
17	LEVAQUIN	Single Source Brand	Anti-Infective Agents	\$1,033,122	12.18%	10,890	\$10.65	9,010
18	TRICOR	Single Source Brand	Cardiovascular Agents	\$1,020,276	5.93%	10,695	\$2.70	3,230
19	LOTREL	Single Source Brand	Cardiovascular Agents	\$986,106	5.74%	11,058	\$2.58	3,048
20	ZETIA	Single Source Brand	Cardiovascular Agents	\$944,902	5.50%	11,692	\$2.28	3,647
21	ADVAIR DISKUS 250/50	Single Source Brand	Hormones & Synthetic Subst	\$918,862	6.08%	5,235	\$5.22	2,511
22	FEXOFENADINE HCL	Generic	Antihistamines & Comb.	\$913,665	31.47%	23,155	\$1.29	9,766
23	SIMVASTATIN	Generic for Zocor	Cardiovascular Agents	\$893,624	5.20%	44,044	\$0.57	13,476
24	IMITREX	Single Source Brand	Autonomic Drugs	\$860,288	17.26%	4,596	\$12.92	1,993
25	LIPITOR	Single Source Brand	Cardiovascular Agents	\$850,785	4.95%	10,085	\$2.27	3,091

*"Product Name" includes all strengths/formulations of a drug.

Note: DAW stands for "Dispensed As Written"

Prescription Drug Utilization (continued)

In summary the top 25 drugs represent 16.72 % of the total scripts and 32.83 % of total Rx expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$35,129,072	347,461	11,566,687
All Product Names	\$107,013,789	2,078,305	58,072,435
Top Drugs as Pct of All Drugs	32.83%	16.72%	19.92%

Utilization

The top 25 clinical conditions based on “incurred claims” for January through May 2007 are detailed below. (Note: Total Medical Payments represents only the payments made for the specified condition.)

	<u>Clinical Conditions</u>	<u>Net Pay Med</u>	<u>Net Pay IP Acute</u>	<u>Net Pay OP Med</u>	<u>Admits Per 1000 Acute</u>	<u>Days LOS Admit Acute</u>	<u>Visits Per 1000 Office Med</u>	<u>Visits Per 1000 ER</u>
1	Signs/Symptoms/Oth Cond, NEC	\$15,784,591	\$2,557,342	\$13,007,324	2.77	7.79	366.76	12.24
2	Respiratory Disord, NEC	\$12,845,672	\$3,725,889	\$9,108,663	3.38	2.78	127.44	17.39
3	Prevent/Admin Hlth Encounters	\$12,210,022	\$64,196	\$12,142,509	0.07	3	615.04	0.9
4	Coronary Artery Disease	\$11,995,610	\$7,385,279	\$4,608,952	4.65	3.38	68.32	2.93
5	Gastroint Disord, NEC	\$9,951,336	\$1,641,275	\$8,302,593	2.25	3.8	163.88	17.27
6	Spinal/Back Disorders, NEC	\$9,599,099	\$2,322,227	\$7,273,499	1.31	2.76	664.56	4.93
7	Arthropathies/Joint Disord NEC	\$8,383,055	\$496,147	\$7,871,438	0.48	2.56	740.43	6.95
8	Osteoarthritis	\$7,507,830	\$4,385,596	\$3,116,601	2.91	3.28	180.61	0.32
9	Pregnancy w Vaginal Delivery	\$5,524,875	\$5,494,318	\$30,557	6.62	2.44	0.51	0.04
10	Infections - ENT Ex Otitis Med	\$5,501,764	\$96,412	\$5,403,759	0.31	3.12	736.85	11.77
11	Cancer - Breast	\$5,454,863	\$241,830	\$5,209,411	0.45	4.19	52.29	0.06
12	Condition Rel to Tx - Med/Surg	\$4,414,065	\$3,452,833	\$954,201	2.14	5.37	6.68	1.81
13	Renal Function Failure	\$4,289,932	\$652,317	\$3,576,697	0.49	4.48	12.99	0.4
14	Chemotherapy Encounters	\$4,199,439	\$892,603	\$3,306,836	0.41	5.88	2.18	
15	Cholecystitis/Cholelithiasis	\$3,622,382	\$872,578	\$2,749,804	1.29	3.41	7.19	1.39
16	Newborns, w/wo Complication	\$3,599,518	\$3,434,776	\$164,676	9.25	3.37	4.68	0.1
17	ENT Disorders, NEC	\$3,354,297	\$90,729	\$3,262,850	0.16	2.62	653.18	2.66
18	Hypertension, Essential	\$3,331,983	\$634,637	\$2,695,880	0.54	3.5	318.53	1.74
19	Infec/Inflam - Skin/Subcu Tiss	\$3,254,531	\$701,186	\$2,552,528	1.29	4.37	239.69	4.38
20	Gynecological Disord, NEC	\$3,215,416	\$473,441	\$2,741,975	0.83	2.01	81.51	1.31
21	Cardiac Arrhythmias	\$3,165,263	\$1,517,889	\$1,641,721	1.2	2.52	42.29	2.24
22	Diabetes	\$3,124,771	\$847,433	\$2,275,077	1.03	5.75	202.64	1.42
23	Nutritional Disorders, NEC	\$3,111,023	\$545,206	\$2,561,308	0.93	2.77	203.76	2.05
24	Hernia/Reflux Esophagitis	\$2,868,858	\$591,920	\$2,276,858	0.73	3.95	53.37	0.88
25	Urinary Tract Calculus	\$2,699,342	\$338,780	\$2,360,562	0.79	2.02	15.76	3.95

*Based on ICD-9 codes that could not be attributed to any other condition.

Utilization (continued)

In summary the top 25 clinical conditions represent over 59% of total paid claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$194,947,193	\$56,365,069	\$138,177,141	47.43	3.59	5,572.06	99.96
All Clinical Conditions	\$330,011,188	\$96,445,949	\$232,817,091	88.94	3.83	8,499.73	217.74
Top Clinical Conditions as Pct of All Clinical Conditions	59.07%	58.44%	59.35%	53.33%	93.74%	65.56%	45.91%

Claims Lag Analysis

The following claims lag information is based on medical claims (does not include Rx) incurred January through April 2007.

Plans	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
Commonwealth Enhanced	1,286,269	19	84.45%	93.77%	97.11%
Commonwealth Essential	22,326	22.9	79.15%	91.48%	95.69%
Commonwealth Premiere	1,730,264	19.1	84.38%	93.90%	97.22%
Commonwealth Select	29,696	19.6	83.87%	93.25%	96.91%
~Missing	9,829	36.2	61.92%	79.06%	90.47%
All Plans	3,078,384	19.1	84.29%	93.78%	97.14%

*Missing means the claims could not be tagged to a specific plan.

Claims Lag Analysis (continued)

The following claims lag information is based on all claims (Medical and Rx) incurred and paid during the most recent rolling year.

Paid	Sep 2006	Oct 2006	Nov 2006	Dec 2006	Jan 2007	Feb 2007
Incurred						
Aug-06	\$30,583,989.11	\$5,336,498.69	\$2,241,538.15	\$1,071,889.84	\$796,622.67	\$179,169.65
Sep-06	\$40,454,407.62	\$28,271,699.59	\$4,948,948.92	\$2,146,330.75	\$832,197.91	\$681,156.39
Oct-06	#N/A	\$46,580,222.20	\$27,686,628.12	\$6,768,711.77	\$2,272,198.24	\$1,038,756.34
Nov-06	#N/A	#N/A	\$43,819,954.69	\$32,788,971.14	\$5,738,705.51	\$1,922,845.64
Dec-06	#N/A	#N/A	#N/A	\$44,152,401.10	\$31,923,796.79	\$5,894,354.88
Jan-07	#N/A	#N/A	#N/A	#N/A	\$46,939,731.17	\$29,848,144.92
Feb-07	#N/A	#N/A	#N/A	#N/A	#N/A	\$41,122,455.02
Mar-07	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Apr-07	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
May-07	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Jun-07	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Jul-07	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A

Paid	Mar 2007	Apr 2007	May 2007	Jun 2007	Jul 2007	Aug 2007
Incurred						
Aug-06	\$229,836.32	\$196,944.85	\$156,517.01	\$24,652.94	\$14,102.38	-\$223,385.91
Sep-06	\$444,863.92	\$78,796.90	\$32,987.45	\$31,987.27	\$47,760.55	-\$156,883.40
Oct-06	\$374,110.92	\$315,863.81	\$314,675.26	\$100,678.47	\$58,885.53	-\$308,525.05
Nov-06	\$1,033,578.98	\$605,907.75	\$221,289.93	\$194,131.54	\$131,110.12	\$154,562.45
Dec-06	\$2,374,452.71	\$1,011,577.02	\$546,965.47	\$466,715.82	\$146,162.77	\$184,923.52
Jan-07	\$6,271,762.20	\$2,381,414.99	\$978,323.79	\$925,877.29	\$234,175.41	\$404,025.95
Feb-07	\$31,104,381.60	\$4,572,115.09	\$1,781,365.13	\$855,631.13	\$479,846.16	\$219,936.50
Mar-07	\$50,544,544.58	\$32,141,571.11	\$6,302,657.93	\$3,344,199.20	\$906,994.53	\$1,531,347.36
Apr-07	#N/A	\$42,507,670.32	\$33,125,491.15	\$5,644,548.25	\$2,140,220.39	\$1,369,212.09
May-07	#N/A	#N/A	\$46,482,597.99	\$35,121,507.39	\$4,965,627.81	\$2,777,600.79
Jun-07	#N/A	#N/A	#N/A	\$50,659,703.73	\$32,839,646.69	\$6,371,563.14
Jul-07	#N/A	#N/A	#N/A	#N/A	\$52,196,605.28	\$34,282,783.70

Claims Distribution based on Age/Gender

The following is based on claims incurred January through May 2007.

Age Group Medstat	Female			Male		
	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	227.8	\$2,587,299.97	\$2,587,299.97	232	\$3,586,652.99	\$3,586,652.99
Ages 1-4	4,555.40	\$3,732,352.86	\$3,732,352.86	4,842.20	\$4,452,910.13	\$4,452,910.13
Ages 5-9	6,192.20	\$3,106,820.14	\$3,106,820.14	6,390.00	\$3,992,124.30	\$3,992,124.30
Ages 10-14	6,766.40	\$3,496,195.76	\$3,496,195.76	7,160.20	\$3,809,214.38	\$3,809,214.38
Ages 15-17	4,667.80	\$4,985,433.97	\$4,985,433.97	5,048.80	\$4,045,728.55	\$4,045,728.55
Ages 18-19	3,276.60	\$2,514,022.82	\$2,514,022.82	3,382.40	\$2,479,003.89	\$2,479,003.89
Ages 20-24	7,102.20	\$6,570,455.26	\$6,570,455.26	6,434.40	\$4,177,676.25	\$4,177,676.25
Ages 25-29	8,188.40	\$11,715,337.36	\$11,715,337.36	3,815.00	\$2,567,853.00	\$2,567,853.00
Ages 30-34	8,912.00	\$14,931,665.66	\$14,931,665.66	4,883.40	\$3,924,767.11	\$3,924,767.11
Ages 35-39	10,871.20	\$16,649,377.13	\$16,649,377.13	5,668.00	\$5,734,584.83	\$5,734,584.83
Ages 40-44	11,801.20	\$19,576,087.66	\$19,576,087.66	6,345.20	\$8,388,855.09	\$8,388,855.09
Ages 45-49	14,454.60	\$29,084,298.91	\$29,084,298.91	7,679.60	\$13,113,607.71	\$13,113,607.71
Ages 50-54	17,680.40	\$40,502,078.29	\$40,502,078.29	10,142.80	\$20,384,753.67	\$20,384,753.67
Ages 55-59	19,794.80	\$52,252,646.29	\$52,252,646.29	12,559.80	\$31,359,261.16	\$31,359,261.16
Ages 60-64	16,111.00	\$51,363,920.84	\$51,363,920.84	10,863.60	\$36,644,507.96	\$36,644,507.96
Ages 65-74	3,914.60	\$13,250,128.91	\$13,250,128.91	2,805.00	\$11,965,128.97	\$11,965,128.97

Allowed Amount Distribution

The following table shows the distribution of members with allowed amount of charges within specified ranges for 2005, 2006 and Year-to-Date for 2007. The distribution is based on incurred claims.

<i>Jan - May 07</i>			
Allowed Amount	2005	2006	2007
less than 0.00	90	4	2
\$0.00 - \$499.99	50,002	54,064	81,922
\$500.00 - \$999.99	29,232	32,887	40,599
\$1,000.00 - \$1,999.99	35,407	40,346	38,006
\$2,000.00 - \$4,999.99	47,471	54,395	32,857
\$5,000.00 - \$9,999.99	26,210	30,332	12,208
\$10,000.00 - \$14,999.99	9,138	10,599	3,707
\$15,000.00 - \$19,999.99	4,055	4,716	1,590
\$20,000.00 - \$29,999.99	3,539	4,262	1,365
\$30,000.00 - \$49,999.99	2,312	2,846	986
\$50,000.00 - \$74,999.99	932	1,085	400
\$75,000.00 - \$99,999.99	390	477	140
\$100,000.00 - \$149,999.99	299	348	117
\$150,000.00 - \$199,999.99	116	112	36
\$200,000.00 - \$249,999.99	57	64	22
over \$249,999.99	74	94	23
Total	209,324	236,631	213,980

Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
June-06	234,830	\$84,426,148.66	\$64,937,687.55	\$19,488,461.11	653,320	275,667	371,033
July-06	235,112	\$80,325,992.49	\$61,387,704.97	\$18,938,287.52	635,744	263,286	365,224
August-06	233,040	\$85,822,189.14	\$65,517,483.10	\$20,304,706.04	675,471	279,034	386,929
September-06	233,806	\$77,814,253.87	\$58,367,112.14	\$19,447,141.73	636,535	249,861	379,191
October-06	238,697	\$85,202,205.61	\$64,584,103.22	\$20,618,102.39	694,030	286,901	400,163
November-06	239,513	\$86,611,057.75	\$65,788,248.00	\$20,822,809.75	700,714	289,666	404,002
December-06	239,277	\$86,701,350.08	\$65,352,187.31	\$21,349,162.77	691,500	268,463	415,985
January-07	241,464	\$87,983,455.72	\$66,245,106.74	\$21,738,348.98	740,658	300,117	432,718
February-07	241,625	\$80,135,730.63	\$60,343,879.09	\$19,791,851.54	661,471	265,035	389,812
March-07	241,951	\$94,771,314.71	\$72,197,261.76	\$22,574,052.95	745,561	299,928	437,981
April-07	242,700	\$84,787,142.20	\$63,838,382.18	\$20,948,760.02	678,841	270,654	400,796
May-07	242,972	\$89,347,333.98	\$67,386,558.60	\$21,960,775.38	702,677	278,136	416,998

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims amounts (includes medical and Rx) by rolling year.

	Members	Total Medical and Rx Claims	Total Medical Claims	Total RX Claims
Jun 2005 - May 2006	232,590	\$882,861,116	\$679,743,426	\$203,874,397
Jun 2006 - May 2007	239,406	\$1,023,928,614	\$775,945,715	\$247,982,899
% Change (Roll Yrs)	2.90%	16.00%	14.20%	21.60%